

1 D/3 Ruth Slaper 1945-1966

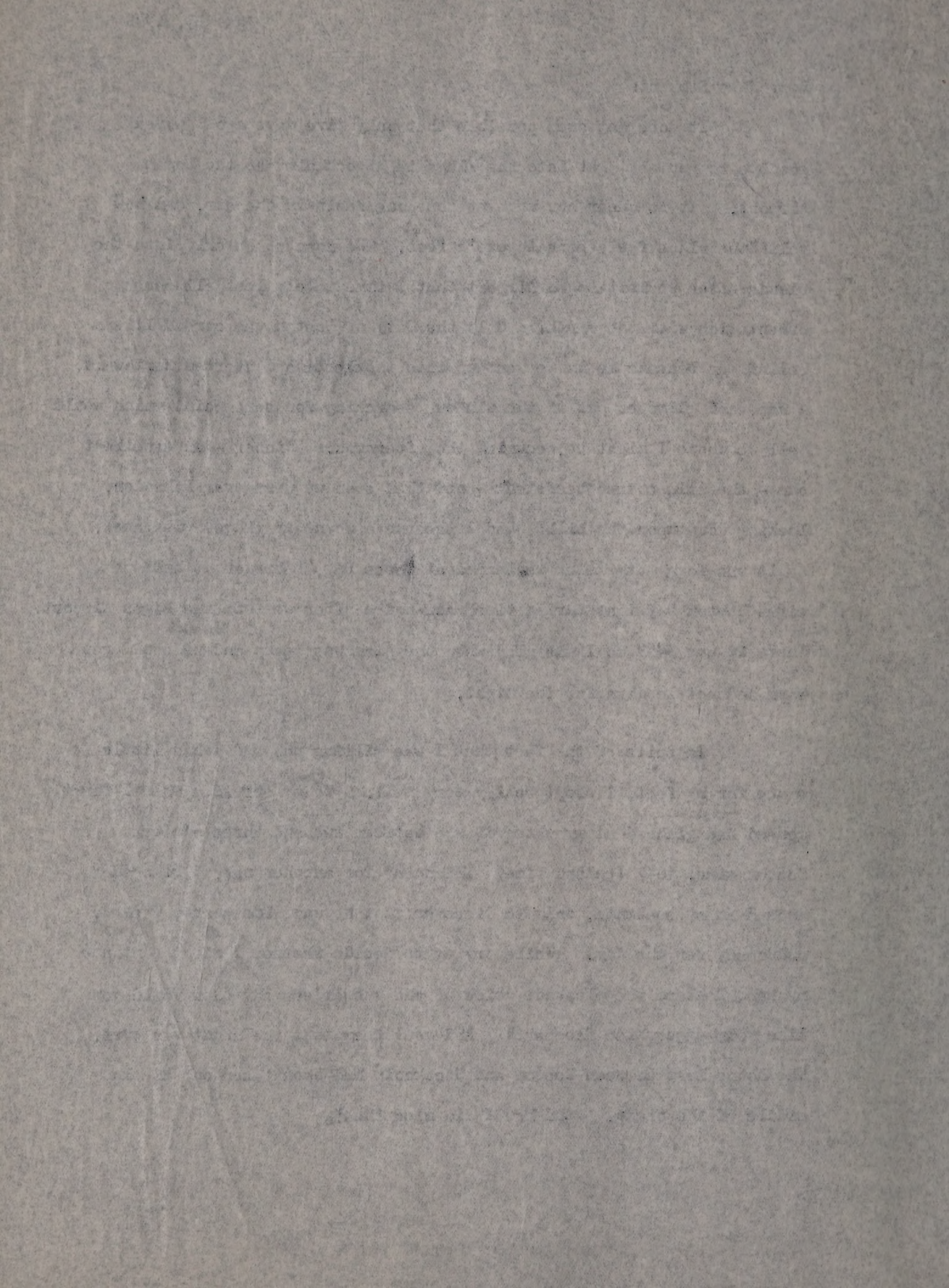
1221. Correspondence - Internal 1949-1958

June 13, 1949

Dear Miss Stewart:

It does not seem possible that only five days ago I waved goodbye to you as I got into the Flagship "Stockholm" at the Logan Airport. It is queer how much at home one feels in the air, and how solid the plane feels beneath one's feet. We rose so quickly into the clouds after we left Logan Airport that I immediately lost all sense of orientation with the earth. Only the City of Boston was spread like a relief map beneath me as we went up into the clouds and started Northward. A nap, and glimpses out of the window, searching for some point which would tell me where I might be, occupied the afternoon. Dinner - an excellent one - the main course beefsteak - and then soon we were over Labrador, looking down upon the hills, and I presume a mountain ridge, with snow. As it was foggy at Gander we landed at Goose Bay, Labrador at half past eight Boston Daylight Saving time, six hours after we left the Logan Airport. There it was 34°F so I was glad when the plan was ready and we could get warm and settle down for the night.

In spite of the fact that I was sitting up, and I had little space for my feet, I slept really very well. To my surprise when I first roused and glanced at my watch it was between two and three o'clock Boston time, (6-7 Iceland time) Planning for another nap, I glanced around at my seatmate, only to discover that he was wide awake, washed, and ready for the day. While trying to decide whether I might continue my nap, I heard the pleasant voice of the stewardess say "How would you like your eggs, Miss Sleeper?" And so I knew that the night was over. The hours lost between Boston and Stockholm had been taken out of the middle of the night. And how I did miss them!



We landed at Reykjavik, Iceland at 9 a.m. Daylight Saving time, or 12:15 noon, Iceland time. Iceland was not green at this time of the year as I had been told it would be. Except around the house the part of the island where the airport was located was very flat and very brown, covered with a moss-like growth, something like the growth that seemed to be prevalent in Labrador. The airport itself was lovely, much more beautiful than the building from which the transoceanic planes take off from the Logan Airport. After about an hour's time, we set out again for Oslo, Norway. The afternoon passed with dinner, another good beefsteak with all the fixings, a nap, and then sightseeing as we came to the coast of Norway and on to Oslo.

We arrived at Oslo at 7 p.m. or 3 p.m. Boston Daylight Saving time. The airport was small, but beautiful, with a good deal of Norwegian atmosphere, both in the building, the flowers in the gardens surrounding it, and in the delightful manner of the hostess who greeted us and kept us where we were supposed to be according to customs regulations. A cup of coffee, a Norwegian sweet roll, and back into the plane again at half past eight to take off for Stockholm.

The flight from Oslo to Stockholm was beautiful. The light was still good when we arrived in Stockholm at half past ten, and the rosiness of the evening light shining on the red roofed houses of Sweden, by green fields and the multitudes of lakes, was a picture to behold. Through customs without any difficulty, and on to the intown office of the Airline, where a delightful young Swedish nurse met me, and took me by taxi to the Red Cross School of Nursing where I was to make my home for the next nine days.

No, there was no language difficulty, for all the Swedish people that I met, at the customs, at the airport office, and all the nurses,

spoke English with no difficulty. It was half past twelve when I arrived at the Red Cross School, but one of the nurses was wakened to take me to my room, and to settle me for the night, with the final word that I was expected to be at the meeting of the Grand Council in the morning. To be sure I was not sleepy at half past twelve, because that was seven thirty in the afternoon Boston time, but oh how sleepy I was in the morning when the nurse came to take me to the student's dining room where we had our breakfast.

Then, nine o'clock - off to the meeting of the Grand Council which was held in the Parliament Building. Pearl McIver (President of the A.N.A.) guided me down, so that I could walk through the city to see as much as possible of it. Even from the beginning I liked Stockholm. Situated on thirteen islands, with numerous bridges crossing and recrossing to connect the parts of the city, it was a delight to see. And oh how clean! Not a speck of paper on the streets. No dust to blow up when one walked. It must be hard for the Swedish people who come to the States to understand the untidiness and dirt of our streets. The Parliament Building itself was lovely, imposing, and modern. We met in a conference room which seated the group of well over a hundred. The Grand Council is made up of the Officers and delegates of the National Nursing Associations holding membership in the International Council of Nurses. It was interesting to see the calibre of woman who came from over thirty countries to that meeting. Miss Gerda Högjer, President of the I.C.N., who presided at the Grand Council, is herself a member of the lower house of Parliament in Sweden, elected by the people of her district. The building was to her, therefore, a familiar meeting place, and as our hostess she made us all feel at home.

The program of the morning meeting consisted of reports on the Florence Nightingale International Foundation, the relationship of the International Council of Nurses with that organization, and finally my own report on the Education Committee.

At noon the Grand Council was entertained at a formal luncheon in the City Hall by the City Council of Stockholm. Without doubt the City Hall was the most beautiful building that I saw in the City of Stockholm. Newly built, it combines all the modern features of building with the beauty of the ancient buildings of the Old World. The luncheon was beautifully served in a long hall, adjacent to the "Gold Room", a room tiled with fine gold tiles and murals of multicolored tiles which depict historical events of Sweden. The City Hall is used for meetings of the city groups and for such affairs as the luncheon which was given in honor of the International Council of Nurses. The presiding officer at the luncheon was the Head of the City Council. Interestingly enough he greeted the group in English, French and German. A man of education and considerable culture, he typified so far as we could see the men elected to such positions in the large cities of Sweden. The reports continued through the afternoon, when the meetings of the Grand Council were closed. I was disappointed, of course to learn that my late arrival for the Grand Council meetings had caused me to miss the evening entertainment at Drottningholm, the summer palace. Not only did the Grand Council enjoy dinner there, and see a play in the old theater built in 1765, but they had the privilege of seeing King Gustave and hearing his greeting.

Another high spot of the week, which I had missed, was a tea at which the group was entertained by the Crown Princess. There were also numerous dinners and garden parties given by the nurses in some of

the Stockholm schools of nursing, where I would have seen many of our Swedish friends and friends from other lands who had visited us here in Boston. However, it is better to be here for part of it than not to come at all.

Saturday, my committee met in the morning. It was so helpful to see the women, and to hear them discuss the curriculum problems which concern us all. On the committee are nurses from the Philippines, South Africa, Belgium, Denmark, England, Canada, and the United States. Queer, how far apart we can be geographically, and how close we can be in philosophy and method. How common our problems seem to be, in spite of the nursing systems under which we work.

At noon Miss Broe, whom you remember from Denmark, a nurse from South Africa and an American nurse and I had luncheon together. Three of us went shopping for a short time, but unfortunately I had another afternoon meeting so I returned to the Swedish nurses' headquarters for the committee meeting. You would like the headquarters in an old building. Each room has a porcelain stove which is a most decorative piece of furniture, and everywhere typical of Sweden there were flowering plants, many of them tuberous begonias.

After the meeting a Swiss nurse, who lived at the Red Cross School also, went back to the School with me, and then we started out for dinner. She could speak French and German and English, and of course neither of us could read or speak Swedish. We had an interesting time indeed selecting our dinner with a waitress who spoke nothing except Swedish. But it was a good dinner, and we were very proud of ourselves.

Sunday morning I started off again to the Swedish nurses' headquarters for a morning meeting. I was quite surprised to find how much

I felt at home by this time on the Swedish street cars. They are numbered and there are certain centers from which different numbered cars radiate. I quite anticipated the week going and coming to the meetings, as soon as I realized how easy the street car system was to learn.

After the morning meeting I walked over to an apartment near the Swedish headquarters to meet Miss Broe who had prepared luncheon for me there. Miss Bang-Christianson (you will remember visited us in 1947) and another friend of theirs from Denmark were at the luncheon. After luncheon we started out in the friend's car to see Sigtuna a small Viking town, and then to Uppsala, the old University City, about an hour's ride out of Stockholm. Along the way we met another car of Danish and American nurses who joined us both for the sightseeing and for the tea which we ate in a delightful outdoor garden restaurant in Uppsala. It was a little cool, but sunny, and the birds sang all around us as if they were soloists for the orchestra which played softly in a far corner of the garden. Some of the birds were too busy eating to sing. They teetered on the edge of the cream pitchers to get their drinks, and nibbled from the rolls and cakes even while the people sat at the table eating.

After the tea we hurried back into Stockholm for the Florence Nightingale Memorial service planned as a special part of the I.C.N. meetings. Miss Bang-Christianson and I went to one of the Lutheran churches, the Gustaf Vasa Church. All services in the churches were similarly arranged, the same hymns were sung, and there was a candlelight procession of student nurses in uniform. It was truly very moving to stand in that great church in a foreign land, conscious of the fact that there were nurses there from thirty to forty different countries, to hear them singing together "Holy, Holy, Holy", the hymn which so many of us know so well. I had no program, for we had come in late, and a pretty Swedish nurse wearing the Sophiahemnets cap (so like ours) passed me her hymnal; the book was in Swedish. When I caught her eye

later on as I stood there holding the book in front of me, singing the words from memory, I thought she smiled a little at the idea that I was holding a Swedish hymnal and singing lustily in "Boston" English, (our English to many Europeans is almost a new language). After the sermon had been preached, and it was preached in English, the student nurses' candlelight procession came into the church, marching up to the altar where the candles were passed to the minister and his assistant and placed upon the altar. It was a beautiful and dignified service which gave to the three to four thousand nurses attending the meetings a sense of Christian kinship, regardless of barriers of language or distance.

This morning the Congress opened. You may be sure I was glad to find Edna Lepper and Helen French who had arrived from Germany. The celebrities gathered on the platform to welcome us, the Stockholm Philharmonic orchestra played, the delegates from thirty countries were seated, and Princess Sibylla with her entourage entered to sit in the box just below our seats. We thought of you all, wishing we could send you some of the inspiration which was ours as we stood in a great demonstration of the fact that women from all nationalities and races can overcome the political differences of peace and war to work together for the welfare of all mankind.

More later. Greetings to all,

Ruth Sleeper

April 28, 1950

Dr. Dean A. Clark
Massachusetts General Hospital

Dear Dr. Clark:

Will you please express to the Trustees the appreciation of both faculty and students for the new School of Nursing science laboratories? Never has the School had such attractive or appropriately equipped teaching units. We are both proud and delighted to have them.

If any of the Trustees interested could ever spare time to see the rooms I or Miss Stewart would be pleased to act as guides.

Sincerely,

Ruth Sleeper, R. N.
Director, School of Nursing
and Nursing Service

RS:EM

Miss Sleeper

May 1, 1950

Dr. Dean Clarke
Massachusetts General Hospital

Dear Dr. Clarke:

Last Saturday Miss Sleeper and I discussed the problem of smoking on White 5, and she asked me to write to you about it.

Our regulation states that patients may not smoke in the General Hospital wards. I believe that the reason for the regulation is fire prevention. The men on White 5 E are in bed for long periods of time. The only place where they may smoke with permission in the winter-time is on a small solarium. If there should be a fire in the solarium, it would be more difficult to move the beds from that section than it would be to move them from the ward itself. It is not possible to move all of the patients onto the solarium who wish to smoke. Moving the beds back and forth is very time-consuming.

We know that several of the patients are smoking in the ward. We have several times sought and received the cooperation of the administration to enforce the regulation, but we have not been able to stop the smoking.

We should like to ask the administration to reconsider the smoking regulation, particularly for White 5 E.

Sincerely,

Edna S. Lepper, R. N.
Assistant Director of the
Nursing Service

ESL:EM

✓
Massachusetts General Hospital
Boston 14

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

IN WAVERLY
MCLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

May 25, 1951

MAY 26 1951

Dr. E. F. Bland
Mass. General Hospital

Dear Dr. Bland:

We are anxious to make use of the space on White 9 for the purposes which have been decided by the Administration. I would appreciate it very much if you would advise your personnel that we would like to utilize the space by June 8th.

You will recall that we decided that Dr. Chapman may continue to use the solarium and one single room for his research temporarily. Other than the space that remains with Dr. Chapman the entire floor is to be utilized for purposes other than research.

Thank you for your assistance in this matter.

Very truly yours,

L. R. Lezer, M.D.
Assistant Director

LRL:LBF

c.c. Miss Sleeper ✓

" Lepper
" Corliss

LRL

Handwritten: Boston

IN BOSTON
GENERAL HOSPITAL
DEPT. OF MEDICINE
THURSDAY, NOVEMBER 11, 1891
ALL MEMBERS OF THE
BOSTON MEDICAL SOCIETY
WELCOME
BY A. CLARK, M.D.
GENERAL SECRETARY

[Faint, mostly illegible handwritten text, possibly a letter or report.]

242

August 9, 1951

Walter Bauer, M.D.
Chief of Medical Services
Massachusetts General Hospital

Dear Dr. Bauer:

I understand that you are the Chairman of a committee which is in charge of recommending the assignment of unused space. As you know, the need for additional space is a grave problem for many departments in the hospital. When your committee is considering recommendations, I would appreciate the consideration of some of the needs of the Nursing Department, among which are

1. Expansion of the Central Supply Room, preferably in the White Building. We have long since outgrown the room on White 3A and have several auxiliary and temporary locations which are difficult to supervise. We should have all needles and syringes processed in the Central Supply Room, but have not the space to do so.
2. Centralization of equipment, preferably in or near the White Building. Equipment is now stored in many different places which lessens the efficiency in obtaining it when needed.
3. Classroom space, particularly in the Domestic Building where two of our classrooms are now located. Temporary space is now being used on White 9.
4. Office space for supervisors and instructors; several small offices are occupied by two and three people. Since the Nursing Department has no conference room, offices must be used for group conferences as well as individual conferences.

I shall be very glad to talk with you about these needs when I return from Europe the middle of September. In the meantime, if any questions arise which you need to have immediately answered I am sure Miss Lepper will be helpful to you.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

ESL:BF

WALTER BAUER, M. D.
MASSACHUSETTS GENERAL HOSPITAL
BOSTON, 14

CONSULTATIONS BY APPOINTMENT

September 25, 1951

Miss Ruth Sleeper
Massachusetts General Hospital
Boston 14, Massachusetts

Dear Miss Sleeper:

I have just sent a note to Dr. Clark, calling to his attention your letter of August 9. I did so in order that he may have it before him before any final arrangements are made.

Sincerely yours,

Walter Bauer

Walter Bauer, M. D.

WB/ME

*Might I have the
carbon of the letter
which went to him?
SEP 27 1951
ps ✓*

Space for Nursing Dept.

Expansion for C.S.R.

Office for super. staff educ.

" for T&E. supervisors

" for med. supervisors (3) W7 W8 if move to White Bldg.

" for clin. internes and/or supervisors White

? Univ. Buchanan

Cross rooms - if med. pts. to White Bldg.

Student nurses

Aides

? attendants

Office for this bldg. - ? Walcott

" for asst. dir. nursing - Rec. Hosp. - ? Mr. Greenhouse
old office

Office for Nurses Farrissey + Caillet - } if med. pts.
" for super. 5 year program } move to White

Office for super. to assist with revision of procedures.

Section room space - ? have Baker do all

suctions - best to combine with C.S.R.

note Dietary Dept. would love
to have office space if moved from W9

W 11	Teaching room -	Mrs. Beaudin
W 10	" " -	Mrs. Grogan +
W 9	" " -	Lois H. H. H.
W 8	" " -	Mrs. Farrissey Caillet
W 7	" " -	Mrs. Sanford + H.
W 6	" " -	Mrs. Walsely
W 5	" " -	Mrs. Quinlan

Space for Nursing Dept.

Expansion for C.S.R.

Office for super. staff educ.

" for T&H. supervisors

" for med. supervisors (3) W7 W8 if move to White Bldg.

" for clin. internes and supervisors White

? Univ. Buchanan

Cross rooms - if med. pts. to White Bldg.

Student nurses

aides

? attendants

Office for Miss Biden - ? Walcott

" for asst. dir. nursing - Gen. Hosp. - ? Mr. Greenwood
old office

Office for Miss Farrissey + Cappel - } if med. pts.
" for super. 5 year program } move to White

Office for super. to assist with revision of procedures

Section room space - ? have Baker do all

suctions - best to combine with C.S.R.

note History Dept. would have
to have office space if moved from W9

[illegible]

Expansion for C.S.R.

educ. well known
over needs for
new space
among students
better for
more space
coll. program in West
Mr. Dr. Pfeiffer near on
Pledge
Class room
pays in room or for

for med. supervisors (3) W7
W8 if move to White/Bldg

? Weiss-Buchhau

Student nurses

Aides

? attendants

for asst. dir. messing - Gen. Hosp. - ? Mr. Greenwood
old office

office for Misses Farrissey + Cappel - } if med. pts
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W 7	" " -	Mrs. Stanford + H.
W 6	" " -	Mrs. Walsely
W 5	" " -	Mrs. Quinlan

1180 BEACON STREET
BROOKLINE 46, MASSACHUSETTS

NOV 6 1951

ROBERT R. LINTON, M. D.
JOHN J. CRANLEY, M. D.

November 3, 1951

Dean A. Clark, M.D.
Massachusetts General Hospital
Fruit Street
Boston, Massachusetts

Dear Dean:

I am not sure whom I should write to in regard to this matter, but I thought you could refer the letter to the proper channel.

I have used what is called a trapeze, over the head of the bed, and a footboard, on many of my postoperative patients. They are of great use in getting patients up out of bed early, and also so that they can exercise in bed.

At the present time we are running into a shortage of them in The Baker Memorial Hospital, and I am sorry to say that they are practically unobtainable in the Phillips House. I am convinced that we should have more of them, as all the patients that I am using them on are very grateful for them. I wonder if it wouldn't be possible, therefore, to obtain a larger supply so that we can have them, in fact for most of our patients, since more and more doctors are beginning to use them.

Sincerely yours,

Robert R. Linton

Robert R. Linton, M.D.

RRL:jth

November 15, 1952

Robert R. Linton, M.D.
1180 Beacon St.
Boston, Mass.

Dear Dr. Linton:

Your letter of November 3rd to Doctor Clark has been referred to me to answer.

We had not realized there was a shortage of the trapezes in the Baker, since the supply there now totals 50 and there have been no calls to our knowledge which have not been filled. However, since you have brought this matter to our attention ten more have been added on the budget for 1952.

I have also talked with Miss Huggard at the Phillips House, and will talk again with Mrs. Braman when she returns next week. At the Phillips House many of the patients have heretofore indicated preference for the Balkan Frame. This has also been true on some of the White Building wards, although the General Hospital does have a supply of trapezes. Certain patients seem to get a feeling of more security from the Balkan Frame support; others prefer the trapeze. I am sure the Phillips House will add some to its budget too, so that you will find them there.

It would be most helpful to all of us in nursing if, when you find a shortage of this type, you could let us know at once. Often there could be means found to secure the material quite promptly. We do not like to have patients go without, or the medical staff embarrassed because of lack of equipment.

Thank you for letting us know of this need. Mrs. Braman, and Miss Dorothy Perkins and Miss Edna Lepper the Assistant Directors of Nursing Service in the Baker and General Hospitals respectively will be only too glad if the men could take time when things are not right to come in to the office to let them know. Or, if you cannot find one of these women I should be only too happy to have you stop in my office as you go through the corridor.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:MF

June 27, 1955

MEMORANDUM

TO: Dr. Clark

FROM: Miss Sleeper

Miss Lepper told me that the Trustees approved the salary increase for Supervisors and Instructors. I am very grateful for your support, and that of the Trustees. It seems to me that this salary range should help to attract and retain personnel.

November 18, 1955

Dean A. Clark, M. D.
General Director
Massachusetts General Hospital

Dear Dr. Clark:

Will you please express to the Trustees the appreciation of head nurses, staff nurses, and practical nurses for the generous pay increase received in the pay checks yesterday. All were truly grateful. One staff nurse who had planned to resign has already withdrawn her resignation, and inquiries for positions are beginning to come in.

All of us in Nursing can feel the encouragement which this increase has brought. With crowded wards, and with extra beds in the solarium, this lift helps tremendously to meet the extra pressures.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:B

THE
LIBRARY
OF THE
UNITED STATES
DEPARTMENT OF
THE ARMY
WASHINGTON, D. C.

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OF THE
UNITED STATES
DEPARTMENT OF
THE ARMY
WASHINGTON, D. C.

THE
LIBRARY
OF THE
UNITED STATES
DEPARTMENT OF
THE ARMY
WASHINGTON, D. C.

October 22, 1956.

Mr. Frederick Ayer
53 State Street
Boston 9, Mass.

Dear Mr. Ayer:

Thank you for sending me the article by Dr. Hale and the comment by a leading surgeon.

Many of the points are well taken, although I feel that the tone of Dr. Hale's article is unfortunate and unnecessarily antagonistic. A point that is not given sufficient recognition, I believe, is that while some of the educational efforts may be over-zealous, nevertheless numbers of graduate nurses have increased. For example, in 1930 there were about 225,000 active graduate nurses in this country whereas today there are at least 400,000 active graduates. Similarly, in 1930 there were 77,000 graduate nurses working in institutions whereas today approximately 170,000 are so engaged. Furthermore, the number of graduate nursing students has increased materially. For instance, in 1935 there was an enrollment of 67,500 students in 1,472 schools, some of which were of pretty dubious caliber. The average school had 43 students enrolled, and one-quarter of the schools had enrollments between 3 and 25 students. In 1955 there was an enrollment of 107,500 graduate nursing students in 1,139 schools, the average enrollment per school being 94. There still are some dubious schools of nursing but the chances of good caliber schools probably have been improved somewhat by the larger average number of students.

Two of Dr. Hale's points I think deserve a little comment. First, his statement (correct) that the average withdrawal rate from schools of nursing, nationwide, is 33%, does not take account of the fact that there is a wide variation among schools. The better schools tend to have a lower withdrawal rate. For example, the diploma school here at the Massachusetts General Hospital would consider a 10% withdrawal rate very high.

0211 2 180700

October 22, 1956.

The second point is his opposition to the junior college nursing course. Whether or not this experimental program will produce more and better trained nurses is still open to question but serious attempts are under way to evaluate its results. The fact is, of course, that this is a two-year course, which is a marked reduction in the educational time required, which I would believe is one of Dr. Hale's aims. Indications are that these graduates are good nurses and the outcome may influence nursing schools everywhere to shorten their courses, which I should think Dr. Hale would welcome. Moreover, his comments on the cost are perhaps irrelevant because all of the junior college courses now begun are in community supported junior colleges to which the student has to pay no tuition fee.

In spite of these comments I do feel that Dr. Hale has some valid points. It seems to me, however, that he would be more effective if he would make a serious attempt to discuss these matters with nursing leaders in a conciliatory tone rather than to write published articles seemingly so hostile. I know, for example, that most hospital administrators in New York State do not agree with Dr. Hale's attitude.

Thank you again for sending me the material.

Sincerely yours,

Dean A. Clark, M.D.,
General Director.

dac:arm

Massachusetts General Hospital

Boston 14

IN BOSTON
GENERAL HOSPITAL
BAKER MEMORIAL
PHILLIPS HOUSE

BURNHAM MEMORIAL FOR CHILDREN
HALL-MERCER HOSPITAL
HUNTINGTON MEMORIAL HOSPITAL
VINCENT MEMORIAL HOSPITAL

DEAN A. CLARK, M.D.
GENERAL DIRECTOR

APR 21 1956
IN WAVERLEY
MCLEAN HOSPITAL
W. FRANKLIN WOOD, M.D.
DIRECTOR

IN LINCOLN
STORROW HOUSE
(CONVALESCENTS)

April 12, 1956.

Miss Ruth Sleeper
Director of the School of Nursing
Massachusetts General Hospital.

Dear Miss Sleeper:

I want to answer the letter you wrote me on April 11, while the details of the matter are fresh in my mind. I am sorry you felt you had to write me such a cross letter.

It never occurred to me to go to see you or Miss Lepper. I thought that in dealing with Miss Grady I was dealing directly with your office, and that if she felt I should talk with you she would say so. I am sure you realize that I have been around here long enough so that my interest is purely in promoting the best possible care of patients.

Now, let me deal briefly with the matter of nursing care on Bulfinch 3. This is not the first time I have been sufficiently troubled to bring my reactions to the attention of some responsible member of the administration. The last time I was disturbed I spoke on the phone with Dr. Clark, and he gave me the name of the nurse who had the position Miss Grady now holds. I then went to talk with her.

I am afraid I still feel that the policy of allowing a student nurse to handle a medical ward caring for the desperately ill patients is to be challenged. The situation I described to Miss Grady was my finding one student nurse and one untrained volunteer worker on the floor at noontime, when the patients were being fed. Both orderlies and the secretary were absent. The student nurse held my great admiration because she kept her morale and temper while caring for a panicky patient with a tracheotomy and walking some distance to encourage the timid volunteer in feeding a difficult patient with a nasal tube in place. The other patients, of course, had a variety of intravenous sets running, oxygen tents, and so on, and what in the world the student would have done if some of these had gone wrong I do not know. You are certainly right that your nurses in their senior student years are poised and able, but I do not believe, and I think you will agree, that they should be expected to handle the situation I describe.

I understand you are on a trip at this time. If you want to discuss this further with me, you will find me ready and willing when I get back from some travels I am about to begin.

Sincerely yours,

Harriet L. Hardy
Harriet L. Hardy, M.B.

HLH:HA
cc. Dr. Dean Clark.

April 11, 1956

Harriet L. Hardy, M.D.
Massachusetts General Hospital

Dear Dr. Hardy:

Doctor Clark has forwarded me your letter of March 26, describing the situation on Bulfinch 3 when you found the student nurse alone with aides on that very sick ward.

I am sorry that you did not feel Miss Grady's group had done the best they could, and I am very sorry, too, that you as a member of the Medical Staff do not have confidence enough in Miss Lepper as the Associate Director of Nurses or in me as the Director of Nurses to take matters up with us before you feel you must go to the General Director of the Hospital.

You must, of course, realize that emergencies do occur on our wards and that in leaving that student nurse instead of a graduate there the nurse in charge had picked the stronger person. There are times when our Senior students are better prepared to manage our situations than are some of the graduate nurses who do not know this Hospital. This is not an excuse. It was a bad situation and I realize it. It was the kind of situation that Miss Grady and her supervisors try to avoid, but in this instance the person picked to be in charge was probably the strongest person that might that day have been found in the Bulfinch Building. I am sure you realize that although the number of our graduates grows constantly with the expanding service that the MGH now has we seem unable to keep up in our number of graduates.

I do so wish that your loyal opposition which we very much desire from the Medical Staff would enable you some time to talk with us who are held responsible for the nursing situation. This is not to by-pass Miss Grady who is in the first line, but with the hope that you might make use of our interest to be helpful before you find it necessary to take the time of the General Director to look up such a situation.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

April 10, 1956

Dean A. Clark, M. D.
General Director
Massachusetts General Hospital

Dear Dr. Clark:

Doctor Hardy did discuss the Bulfinch 3 situation with Miss Grady, but seemed so unwilling to accept the answer that Miss Grady had that I am quite troubled about it actually.

On Bulfinch 3 that particular day the Head Nurse was off on her day off for the week. The Assistant Head Nurse was unexpectedly ill. There were, therefore, left on that floor two graduates, one of whom was in charge. The second of these was incapable of being in charge. Consequently, when the charge nurse went to have her luncheon she left the next best person in charge who was a senior student nurse interne - a far better person than most of the graduate nurses on that ward. The difficulty came about from the fact that the part-time graduate who was in charge failed to carry through on her responsibility, probably because she was new and unexpectedly in charge, and she did not designate the hour at which the aides or practical nurses would go to luncheon. Consequently some of these people walked out to go to lunch without checking with the nurse interne, and leaving the nurse interne in a somewhat embarrassed situation. It was, all in all, during a noon hour, and this should have been a thirty-minute period. However, with the crowd in the nurses' cafeteria it sometimes means that the nurses and practical nurses and aides who eat there are gone closer to forty or forty-five minutes. I think you know how disturbed we are at the crowds which are now thronging our dining room so the nurses cannot get through the line and back to the ward in thirty minutes time.

This was the kind of situation which can happen. There were no emergencies on the floor. The student managed the situation very well. If she had been facing an emergency we are quite confident that this particular student would have called a Supervisor, and that the situation would have been managed.

I am writing Doctor Hardy, myself, to say that I am sorry she does not feel free to write to me when these things happen if she does not find satisfaction with the Assistant Director in the unit. For some reason or other Miss Lepper and I seem to be by-passed in these things, and I must say at times it irritates me a little bit regardless of whether the opposition is "loyal" or not.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

April 3, 1957

William H. Sweet, M. D.
Associate Visiting Neurosurgeon
Massachusetts General Hospital

Dear Dr. Sweet:

Miss Corkum talked with me some days ago about your request that the "scanning group" on Warren 4 have the use of the treatment room on Baker Memorial 4 for this purpose. Miss Corkum made clear to you I am sure that it is not possible for the head nurse or any one else to make a schedule for the use of the treatment room. It is a room which must be available as needed by the medical and nursing groups, and it is also in the Baker a room which serves very definitely as a supply room for us, for we have lost some of the small space we originally had for storage.

Some weeks ago Doctor Clark sent out a memorandum to all members of the staff in the Warren Building telling them that expansion into the Baker Memorial was not possible. I am enclosing a copy of this in the event that you did not receive one.

I am sure you must understand that one of the problems at the Baker is the fact that the floors themselves are so poorly designed for nursing. There is too little room to work, there are too many steps required because of the placement of inadequate utility rooms, and there is so little storage space that everyone grows weary hunting for articles which should be at easy reach. I hope you will understand why both Miss Corkum and I are therefore saying no to your request. If you would like to talk with me further about it I would be happy indeed to try to match my time to yours.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

Enc.
RS:HF

c.c. Dr. Clark
Miss Corkum
Miss Lepper
Dr. Neumann

Miss Sleeper

June 18, 1957.

Dr. Robert R. Linton
1180 Beacon Street
Brookline, Mass.

Dear Bob:

Please excuse my delay in replying to your thoughtful letter of May 17th enclosing a clipping about Miss Powers' Nurse Placement Agency. She has done an interesting job and deserves credit for it. It is a little difficult to understand why she feels a graduating class of 150 a year is too small for the M.G.H. (incidentally, she has given a wrong figure on our bed capacity, which is more nearly 900 than 1065 beds. Actually our School is one of the largest hospitals schools in the country and Miss Sleeper is doing her best to enlarge it but we are limited by laboratory, classroom, and living accommodations. We have about three applicants for each vacancy in the Nursing School, at least two of whom are fully qualified to enter, so that our selection job is a rather difficult one. On the other hand, I fully agree that nursing schools throughout the country should enlarge and that there should be new schools opened. Some new two-year junior college schools have been opened in recent years but very few "diploma" hospital schools.

While Miss Powers' accomplishments are impressive it should be pointed out that the Central Nursing Registry places about 2500 private duty nurses a month in the Boston area.

Thank you again for your letter.

Sincerely yours,

Dean A. Clark, M.D.,
General Director.

dac:arm

1180 BEACON STREET
BROOKLINE 46, MASSACHUSETTS

ROBERT R. LINTON, M. D.

June 17, 1957

JUN 18 1957

Miss Ruth Sleeper, R.N.
Director of School of Nursing
Massachusetts General Hospital
Boston 14, Massachusetts

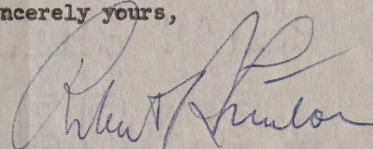
Dear Miss Sleeper:

I have been asked by Miss Irene Cote to give a lecture to the first year students in nursing on a very specialized subject namely, "Portal Hypertension." I have agreed to do this, but I must say it disturbs me no end to think that the nurses time is being taken up by such specialized subjects in such an early part of their career.

I personally would be interested in why a lecture of this nature is necessary for nursing students who haven't even finished one year of nursing. I am sure there is no lecture of this nature given to first year Harvard Medical Students or anywhere in their course in the medical school, so it is difficult for me to understand why the nurses so early in their careers should be exposed to this type of teaching.

I am personally much more inclined to give them a talk on arithmetic and fluid balance, which is done so poorly by so many.

Sincerely yours,



Robert R. Linton, M.D.

RRL:eh
c.c. - Miss Helen Sherwin

June 24, 1957

Robert R. Linton, M. D.
1180 Beacon St.
Brookline, Mass.

Dear Dr. Linton:

I am glad to have your letter for so often these misunderstandings seem to grow up between doctors and nurses, and there is little chance for helping to clarify.

Miss Cote had no intention of asking you to talk on "Portal Hypertension" in such a way as to give an advanced lecture to the student nurses, or a lecture equivalent to that which the medical students would need when they reach the stage when such discussions are pertinent. Unfortunately, we do have to push our student nurses faster than we should like to do. The consequence is that the young student finds herself caring for a patient with portal hypertension relatively often. This is in the White Building as well as in the Baker Memorial. From talking with Miss Cote I would think that you could approach the subject from the point of view of why an operation for this condition is necessary, and very simply what is done, throwing your major emphasis on the nursing care necessary for this surgical patient similar to that for other surgical patients, or, when it is correct, different from that necessary for other types of surgical patients.

Although Doctor Mc Dermott gives the regular class on fluid balance, I see no reason why you should not take this advantage to emphasize for the students your concern over the failure of the student nurse to understand fluid balance and to carry out the instructions necessary to maintain a satisfactory fluid balance in the patients for whom she cares.

If you are finding that arithmetic is a problem I should be glad to try to do something else to help to work this out, but at the same time if you were to mention this to the students you would, I am sure, stimulate those who are either slow with figures or sometimes careless to try to do better.

In short, what I am trying to say is that we had no intention of having a deeply scientific lecture on portal hypertension, but rather something that would help the young student to give good care to these patients as well as to other surgical patients. How often we all wish we had the same possibility of organizing our courses as the Medical School can organize its courses, and protecting the young student from exposure to patients to whom she may do some damage because she has not yet had time either to learn sufficiently or to mature herself in responsibility. I suppose this will always be a problem in the hospital school no matter how hard we try to rearrange our program.

Perhaps some day you will have a few minutes when you can talk with me about your concerns over nursing. I judge from your letters to Doctor Clark that these are frequent.

You may be interested to know that we are now trying to reorganize our program in order to take one large September Class, since the March Class is of very indefinite quantity these days. When high schools graduated students in the middle of the year we could secure a March Class of adequate size, but today we have no assurance whether we shall have twenty or forty. Consequently, next September we are taking one hundred and thirty student nurses, the equivalent of two desired classes, September and March. If we can find space enough in which to teach these beginning students, and to make our plans work successfully, then we shall be ready in approximately another year to try to up our entering class to one hundred and fifty. We are limited by class room space, housing, opportunities in medical nursing, and we make a very real problem in the Operating Room. This latter, however, we can take care of by sending only the senior students there in the future when the September Class is ready for its Operating Room experience.

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

July 9, 1957.

Dr. L. L. Robbins
M.D., R.

Dear Robbies:

Although I am leaving on my vacation I must first pass along to you that within the last four days I have had exasperation, indeed angry, complaints from at least six different senior staff members about the service of the Department of Radiology, particularly at night and on Saturdays and Sundays.

It is said that your technicians and residents are often very slow in answering genuine emergency calls, or indeed refuse to come altogether. It is my understanding that several scheduled hip operations, about which your Department had been notified in advance in at least one instance, had to be cancelled because the portable machines were not made available.

Dr. James White was so delayed, largely by x-ray, he says, in an emergency arthroscopy on Sunday that he almost lost the patient.

Dr. Weisberger was so delayed with a Saturday night emergency, again chiefly by x-ray, he stated, that he was unable to leave the Hospital until five o'clock the next morning.

Please do something to remedy this situation quickly. These are not the common gripes of inexperienced house officers but the apparently justified complaints of our very top men. Either we must be prepared to treat emergencies well or we should stop accepting them and this, you know as well as I, the Trustees would dislike very much as they are proud of our long tradition of service to our community.

Best regards,

Sincerely yours,

Enclosed
c.c. Dr. Barr
Dr. White
Dr. Weisberger
Dr. Neumann

Dean A. Clark, M.D.,
General Director.

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October 1, 1957

Charles H. DuToit, M.D.
Director of Chemistry Laboratory
Massachusetts General Hospital
Boston, Massachusetts

Dear Dr. DuToit:

In the absence of Miss Sleeper I am taking the liberty of answering your letter of September 27, 1957 relative to the preparation of patients for blood chemistries.

It has been my experience that the problem crops up periodically and subsides when brought to the attention of the head nurses and instructors. However, in the next week I will have the opportunity to discuss this with head nurses in the Bulfinch and White buildings. If there appears to be confusion, then we need to examine our source material. The standard list of blood chemistries with directions for obtaining the specimen and preparation of the patient as prepared by your department has been a valuable tool in the past.

I shall, in any event, be in touch with you in the near future.

Thank you for calling this to our attention.

Sincerely,

Frances C. Grady
Assistant Director of
Nursing in Medicine

FCG/rm

October 1, 1937

Dr. J. H. Brown,
Director, Kentucky Division of
Conservation, Frankfort, Ky.

Dear Sir:

In the course of my survey of the history
of the various game laws of Kentucky, I have
been struck by the fact that the

It was with an expectation that the history of
the various game laws of Kentucky would be
found in the early years of the state, that
I began my study. In the early years of the
state, the game laws were very simple and
were based on the idea of the game laws of
the other states. The game laws of the
other states were very simple and were based
on the idea of the game laws of the other
states. The game laws of the other states
were very simple and were based on the idea
of the game laws of the other states.

Very truly,
J. H. Brown

Enclosed for your collection is one specimen.

Sincerely,
J. H. Brown

Enclosed for your collection is one specimen.
Sincerely,
J. H. Brown

Yours

October 11, 1957

Charles H. DuToit, M.D.
Director of Chemistry Laboratory
Massachusetts General Hospital
Boston, Massachusetts

My dear Dr. DuToit:

Since my letter of October 1, 1957, I have a clue which I feel may have direct bearing on the problem of withholding water from patients who are prepared for fasting blood chemistries.

My source of information is the head nurse groups from Baker, White and Bulfinch buildings. In many instances the doctor is writing in the order book "N.P.O. for chemistries", and this is being interpreted literally.

In my opinion, I feel a communication, similar to your original note to Miss Sleeper, directed to both house staff and nursing, would correct the problem.

If I can be of any further assistance do not hesitate to call me.

Sincerely,

Frances C. Grady
Assistant Director of
Nursing in Medicine
Ext. 2282

FCG/rn

October 11, 1951

Mr. J. Edgar Hoover
Director, Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

I am writing to you regarding the matter of the
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The
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Very truly yours,
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I am sure that you will find this information of interest.

Sincerely,
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Very truly yours,
... ..
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100-100000

CONFIDENTIAL

October 29, 1958

Perry J. Culver, M. D.
Warren Building
Massachusetts General Hospital

Dear Dr. Culver:

We have a question or two about the new Sick Leave Policy distributed October 1, 1958.

When an employee returns during the daytime there is no problem as far as we are concerned in checking the individual in after a single day's absence. When they return in the day after absence beyond a single day there is also no difficulty. We are, however, very much concerned about night workers. Our night staff is extremely slim and the night people are not apt to get in until they are ready for work, because they need their day's sleep before coming to work the first night on. Certainly they need rest if they have been ill. This means, therefore, that an individual coming back from an illness who is to work at night must stay off for an additional day. Would it not be possible to have the Night Supervisors check these people on for the first night with the understanding that they would then go to the Staff Clinic in the morning to be officially checked on? This would save us a night, and I can assure you it means a great deal of difference sometimes in the care or lack of it for the patients.

We have another question also. In some of the units we have individuals whose absence always seems to fall either the day before or the day after the two days off or it falls on a weekend. We have questioned the validity of some of these absences. However, there is no way for anybody to tell whether these people really were ill or not. If we are very suspicious would this be an instance where we might ask the Visiting Nurse to make a home visit? This of course would be with the understanding that the Hospital would pay for the visit, hence my concern. Do you have any ideas on this?

Sincerely yours,

Ruth Sleeper, R.N.
Director of the School of Nursing
and Nursing Service

RS:BF

October 19, 1933

Mr. J. H. ...

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1045 Central Nursing Office
1045 Baker Nursing Office
1045 Phillips House

PERRY J. CULVER, M.D.
MASSACHUSETTS GENERAL HOSPITAL
BOSTON

Wed
NOV 8 1958
not in my
check

one day - cleared thru ant. dis. office before going on duty - 7³⁰-4
may not report until checked by staff clinic
more than one day - get slip from office not before 8 a.m.
work 8-4³⁰

Miss Ruth Sleeper
Director of the School of Nursing
and Nursing Service
Massachusetts General Hospital

evening 8³⁰
not paid until slip
got in on Sundays

Dear Miss Sleeper:

In answer to your letter of October 29, about the new Sick Leave Policy, I should like to point out the following considerations in working out this policy:

We have seriously considered the problem of night workers. We feel that when they are off several days, they definitely should be seen by a doctor. Secondly, we feel that the Emergency Ward has not been a satisfactory way of checking night workers back in because of the pressures in the Emergency Ward to care for emergency cases and the consequent—at times—almost antagonism toward hospital employees who are being checked through. Thirdly, we do not have proper control over the employees as far as our Staff Clinic administration and records are concerned.

Therefore, we feel that a person who is off duty several days could certainly come into the Staff Clinic during the early morning—say at 9:00—on the day before he is to return to duty, be checked back to duty, and then go home and get adequate sleep before returning to duty. It is also possible that they could be checked back by the Night Supervisor and then be sent to Staff Clinic the next morning. I have no objection to that. Either way is perfectly satisfactory, and why don't you make the decision as to which way you want it.

As far as the chronic users of sick leave the days before and after days off and week ends are concerned: We are aware of this problem. We have to have the active cooperative help of department heads, who will be able to confirm their suspicions with us, and we are happy to check these people. Individual cases should be discussed with me or with Mrs. Rayhorn by the department head.

With best wishes,

Sincerely,

Perry Culver

Perry J. Culver, M. D.

PJC:DW

P.S. we feel that checking such people at home by a visiting nurse visit will be like detective work & spoil employee morale

and
memo to ant. dis. +
nt. supervisor

1-118: 1D13-1a1 Superintendent of Nurses

I School of Nursing

